

Jan. 11. 2018 12:02PM LOWCOUNTRY PRINTERS

No. 3446 P. 16

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE <sup>274285</sup>  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2018 - 44 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: James Johnson

Telephone: (803) 971-3504

Address: 1019 Peake, St  
Holly Hill, SC.  
29059

Fax:

Other:

Email: jamesjohnson8173@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate                                |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority                                   |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)                         |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                                      |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit  |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit   |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter  |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition  |
| <input type="checkbox"/> Request for Reinstatement  | <input checked="" type="checkbox"/> Other: Request for full compliance to operate, (In state). |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 12-23-17

- ☐ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties)

Amended Scope:  
(list counties)

1. Muscle Movers, LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1019 Peake St hollyhill, sc 29059  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-971-3504  
Phone

FAX

Jonesjohn8173@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

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## 3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

James Johnson  
1019 Peake St Holly hill S.C. 29059  
Muscle Movers, LLC  
1019 Peake St, Holly hill SC

## 4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

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LOWCOUNTRY PRINTERS

No. 3592 P. 1

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="450.00"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="0"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="0"/>	Total Liabilities	<input type="text" value="0"/>
Total Assets	<input type="text" value="0"/>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

- 270.<sup>00</sup> 3hr, 70.00 each additional
- 290.<sup>00</sup> 3hr, 90.00 each additional
- 310.<sup>00</sup> 3hr, 110.<sup>00</sup> each additional

- plus 10% fuel surcharge
- 2 hour minimum

- 62¢ per mile

Items 200 pounds will be an additional 60.<sup>00</sup> and anything 700 pounds or more will be an additional 140.<sup>00</sup>

- upright pianos
- large china cabinets
- appliances
- hot tubs
- safes

**COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED**

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |                                       |  |  |   |
|--|---------------------------------------|--|--|---|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee     | <input checked="" type="checkbox"/> Florence   | <input type="checkbox"/> Lee                   | <input type="checkbox"/> Saluda                 |
| <input checked="" type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown            | <input checked="" type="checkbox"/> Lexington  | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion                | <input checked="" type="checkbox"/> Sumter      |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro              | <input type="checkbox"/> Union                  |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick             | <input type="checkbox"/> Williamsburg           |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry              | <input type="checkbox"/> York                   |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee                |   |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw               | <input checked="" type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide   |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens               |   |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens               | <input checked="" type="checkbox"/> Richland   |   |

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## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

[illegible]



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**INSURANCE QUOTE****This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

James Johnson

Name of Applicant

1019 Penke St Hollyhill, SC 29059

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

Cargo Insurance \$ \_\_\_\_\_

Limits \_\_\_\_\_

\* Attach Certificate of Insurance if available.

McKenma Agency Inc

Name of Insurance Company

*See attached*

2191 US Hwy 17 N Mount Pleasant, SC 29466

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

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# Bass Underwriters Quote Letter

Quote Number CLP1225859

**General Liability**

<b>Insured</b>	Muscle Movers LLC	<b>Agent Name</b>	John Jones
<b>DBA</b>		<b>Expiration Date</b>	1/8/2019
<b>Agency Name</b>	McKenna Agency, Inc.	<b>Underwriter Office</b>	Charleston
<b>Effective Date</b>	1/8/2018		
<b>Underwriter Name</b>	Stephanie Karafa		
<b>Home State</b>	SC		
<b>Carrier</b>	RSUI Covington		
<b>Mailing Address</b>	1019 Peake St., Holly Hill, SC 29059		

## Premium

Prem w/o TRIA		Prem w/TRIA	
<b>Total Premium</b>	<b>\$567.10</b>	<b>Total Premium</b>	<b>\$588.30</b>
<b>Liability Premium</b>	<b>\$500.00</b>	<b>Liability Premium</b>	<b>\$500.00</b>
<b>Policy Fee</b>	<b>\$35.00</b>	<b>TRIA Premium</b>	<b>\$20.00</b>
<b>Surplus Lines Tax</b>	<b>\$32.10</b>	<b>Policy Fee</b>	<b>\$35.00</b>
		<b>Surplus Lines Tax</b>	<b>\$33.30</b>

### TERMS / CONDITIONS

25% MINIMUM EARNED PREMIUM AT INCEPTION. ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.  
This GL premium is minimum and deposit.

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION.  
PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE  
STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING  
QUOTATION.

### Commission

### Subjectivities

- Signed Completed ACORD applications (upon Binding)
- Signed TRIA Rejection
- 3 years hard copy loss runs on accounts exceeding \$5,000 in total premium (if requested)
- No known loss box must be checked on account under \$5,000
- Any required class specific supplements

### Warranties

- The information reflected in this application is accurate to the best of my knowledge



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# Bass Underwriters Quote Letter

Quote Number CLP1225859

## General Liability

\$500

Occurrence	\$1,000,000	Aggregate	\$2,000,000
Products & Comp. Ops.	\$2,000,000	Pers. & Adv. Injury	\$1,000,000
Damages to Premises	\$100,000	Medical Expense	\$5,000
Liquor Liability	— NOT COVERED —	Liquor A&B	— NOT COVERED —
Deductible	\$500		

99793 1015 Peak St Holly Hill, SC 29059

99793

Truckers

Payroll

\$24,100

Holly Hill, Orangeburg

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CARGO

(2A)

**Bass Underwriters, Inc.****INSURANCE QUOTE**

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** January 8, 2018

**PRODUCER:** McKenna Agency, Inc.  
2191 US Hwy 17 N  
Mount Pleasant, SC 29456

**INSURED MAILING ADDRESS:** Muscle Movers LLC  
1019 Peake St  
Holly Hill, SC 29059

**INSURER:** Pennsylvania Manufacturers' Assoc Ins Co A Excellent AM Best Rating  
Admitted

**COVERAGE:** Motor Truck Cargo-Brokered-ITMA, Inc

**POLICY PERIOD:** 1/8/2018 TO 1/8/2019

**RENEWAL OF:**

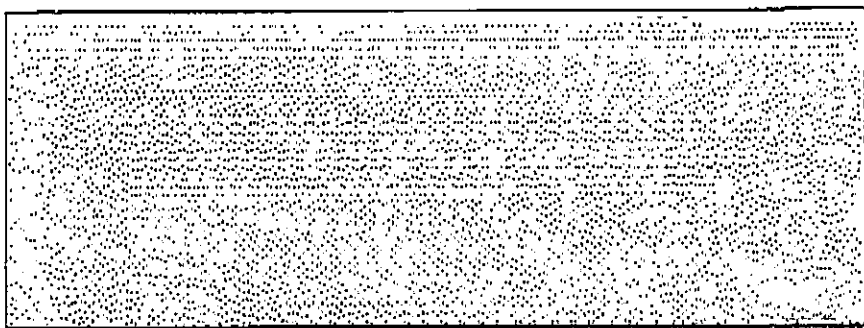
12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** see attached

	Without Terrorism:	Terrorism
<b>PREMIUM:</b>	\$900.00	+
<b>FEES:</b>	Carrier Pol Fee \$50.00	Carrier Pol Fee \$50.00
<b>Surplus Lines Tax:</b>		
<b>Service Office Fee:</b>		
<b>Misc State Tax:</b>		
<b>FHCF (Florida)</b>		
<b>CPIE: (Florida)</b>		
<b>TOTAL:</b>	\$950.00	\$950.00

**DEDUCTIBLE:** see attached

\* \$100,000 Worth of Coverage would be \$1150.00



(2 B)

Coverage: Motor Truck Cargo LL

Limit: \$100,000

Deductible: \$1,000

Radius: 50 Miles

Commodities: 100% HHG's

Number of Power Units: 01 rented at any one time

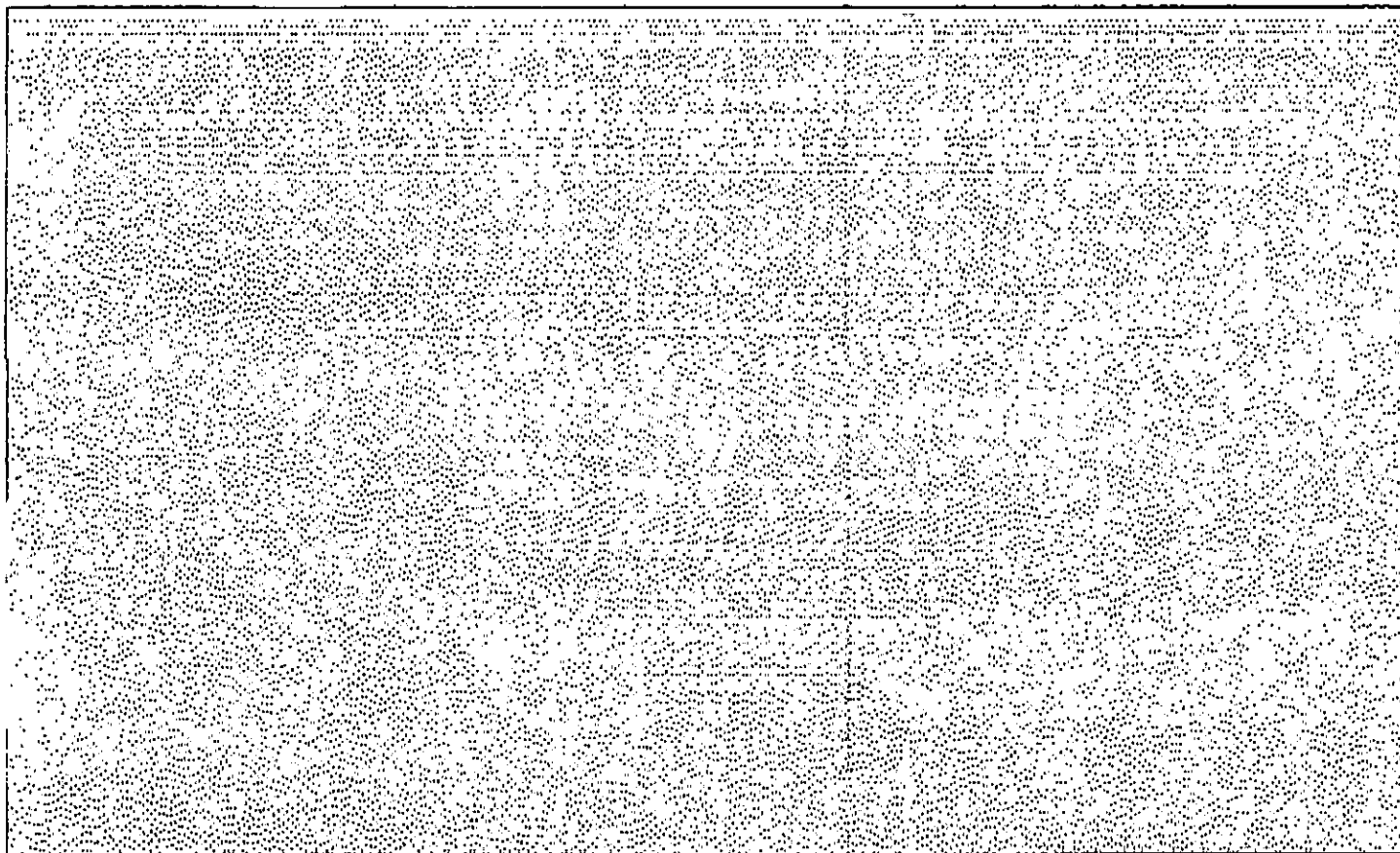
Rate: \$1,100/unit

Fee: \$50.00

\$50,000 limits  
\$900 per unit

Carrier: PMA

NOTE: In order to bind, we will need the complete address for the rental facility from where they rent the trucks.



**Exhibit Fit, Willing, and Able (FWA)**

Name \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes
                    
 ☒ No
                    
 ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory
                    
 ☐ Conditional
                    
 ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes
                    
 ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes
                    
 ☒ No

If "Yes", list judgements here:

--

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☐ Yes
                    
 ☒ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes
                    
 ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

James Johnson  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Orangeburg )

SWORN TO BEFORE ME

This 11 day of Jan., 20 18  
Samuel A. [Signature]  
Notary Public

Commission Expires April 30, 2021

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LOWCOUNTRY PRINTERS

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Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

James Johnson

Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☐ Not Applicable

I, Samuel A. Daily, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 11 day of Jan., 2018

Samuel A. Daily  
Notary Public

Commission Expires April 30, 2021

James Johnson  
Applicant's Signature

Print Application



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LOWCOUNTRY PRINTERS

No. 3446

P. 11

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

MUSCLE MOVERS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 13th, 2016, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 13th day of  
December, 2016

A handwritten signature of Mark Hammond in black ink.

Mark Hammond, Secretary of State